The Hampden Hippocrat

MARCH 1969

LEGISLATIVE ISSUE

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THE HAMPDEN HIPPOCRAT

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Medical Society

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INTERESTING CURRENTS IN THE 1969 LEGISLATIVE HOPPER

by

Karel J. Susat, M.D.

HDMS Legislative Councilor

The Committee on National and State Legislation of the Massachusetts Medical Society, at its recent meeting in Boston, studied and considered 96 bills currently before the General Court of Massachusetts. Of these, 29 bills will be supported by the Society, 28 bills will be opposed, and on the remainder, no action is currently recommended because they are considered to be of no direct concern to the Society.

The following is only a brief abstract of some of the bills that might be of more immediate interest to our Fellows. To those interested, more information will be gladly supplied, upon request, by your Legislative Councilor.

S 182, S 183, S 184, S 185, S 187 and H 414 deal with improvement and updating of the frequently unjust and antiquated rules and laws pertaining to registration of physicians, both American and foreign trained, in the Commonwealth. Also, the granting of temporary and limited registrations to visiting physicians is facilitated.

H 414 requires applicants for registration to have completed a one year's internship.

All the above bills have the support of the Society.

H 418 would permit the furnishing of birth control drugs or articles to unmarried, as well as married women. The Society supports this bill mainly on the grounds that illegitimacy is responsible for a large portion of those on the welfare rolls.

H 1759, H 2232, H 2231 and S 990 deal with chiropractic, and we are opposed to all of them, particularly to the addition of chiropractic benefits to Medicaid, insurance contracts and Blue Shield. S 990 would permit use of the title "Doctor of Chiropractic" (D.C.) which, of course, we likewise oppose.

H 76 is designed to provide drug addiction rehabilitation and we support it.

H 424, H 425, H 3120, H 2389, H 3124 and H 3561 are a rehash of previously defeated bills concerning the use of generic names on prescriptions, or substitution of brand name products by generic name drugs. We oppose all these bills; we also oppose H 4028 which would require us to keep a numbered record of all prescriptions issued.

H 697 reduces the period of patient records kept by hospitals from 55 to 30 years. This bill was supported by the Committee on Legislation over the objection of this writer.

H 1116 is another perennial on the list. It would require a doctor to be in attendance at all times in all hospitals and this we oppose as being impractical.

H 1229 would provide immunity from liability for members of hospital or professional society committees in actions arising out of these functions; this we support.

H 1244 would study the feasibility of repealing the law relative to immunity from liability of charitable corporations. The Committee supported this bill over the objections of this writer.

H 3373 would require the furnishing of detailed medical reports by a physician to the attorney of the patient, whenever so requested, under penalty of suspension of his license. This would leave us wide open to the whims and fancies of any lawyer, and this we oppose.

H 1316 provides a state subsidy for hospital schools of nursing; this we support.

H 496, H 596, H 745, H 930 relate to more free give-away programs such as hearing tests for all pre-school children, glaucoma clinics throughout the Commonwealth, and free insulin for diabetics. All are to be opposed.

S 940 proposes to establish in the Department of Public Health a Massachusetts Poison Information Center; this we support.

H 2603 is against fluoridation and we oppose.

H 1985 would establish a Medical Advisory Board to the Registrar of Motor Vehicles which we support. But in Section 2, it would require us to report forthwith any physical or mental condition which may tend to impair our patients' ability to drive safely. This section we strongly oppose and suggest instead that the Medical Advisory Board would furnish all physicians with a list of reportable conditions, and when such condition is diagnosed, the patient himself would have to report this fact on an appropriate form to the Medical Advisory Board. This would take the physician "off the hook" and place the responsibility on the patient himself.

S 766 is another bill with the same intent and we oppose.

H 553 provides for a report to the Registrar of Motor Vehicles of an examination establishing blindness. We suggest instead that such reports be furnished by the Division of the Blind.

S 644 would lower the level of presumption of operating under the influence to ten one hundredths of a percent of alcohol in the defendant's blood; this we support.

Innumerable bills were filed relative to Medicaid. It is anticipated that one will eventually emerge that can be studied and acted upon. The one to oppose now is H 1779 which allows chiropractic services under Medicaid.

S 162 prohibits the issuance of M.D. license plates to anyone who is not an M.D., and this we support.

H 2843 would require a physician to be available at all times in certain cities and towns for the treatment of emergency cases. This we oppose.

A variety of mental health bills is omitted from this brief report as being of less general interest, but information on them is available from your Legislative Councilor.

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LEGISLATIVE HOPPER

The following are some of the bills under consideration this year in the General Court of Mass. The number of the bill, a brief description thereof and the recommendation made by the MMS Legislative Committee are given. Bills upon which the Committee voted "No Action" are not listed. For more information, Dr. Karel J. Susat, Chairman of the HDMS Legislative Committee, or the Society's office should be contacted.

REGISTRATION OF PHYSICIANS

S 182 - Clarifying the type of registration to be issued to certain physicians. - **Support.**

S 183 - Abolishing the approving authority for colleges and medical schools and permitting the endorsement registration of certain officers of the Armed Forces and of the Public Health Service and certain foreign medical graduates. - **Support.**

S 184 - Authorizing temporary registration as qualified physicians under designated circumstances. - **Support.**

S 185 - Assuring minimum competence of graduates of foreign medical schools applying for limited registration and to facilitate such registration. - **Support.**

S 187 - Granting the Board of Registration in Medicine the use of expert advice and assistance in devising and conducting examinations. - **Support.**

BIRTH CONTROL

H 418 - Relative to the authority of registered physicians or pharmacists to furnish drugs or articles for the prevention of pregnancy or conception.

The bill reads:

Section 1. Section 21A of Chapter 272 of the General Laws is hereby amended by striking out in the first, second and third sentences the word "married". - **Favor.**

CHIROPRACTIC

H 1759 - Providing for the indemnification to police officers and fire fighters for expenses for chiropractic services required as the result of injuries in the line of duty. - **Oppose.**

H 2232 - Authorizing chiropractic care under service contracts. - **Oppose.**

H 2231 - Clarifying discrimination under provisions of any policy of insurance, certificate or service contract. (Adds chiropractor services.) **Oppose.**

S 990 - Clarifying the title of registered chiropractors.

The bill reads:

Section 95 of Chapter 112 of the General Laws as appearing in Section 2 of Chapter 409 of the Acts of 1966 is hereby amended by striking out in lines 19 and 20 the words: "other than registered chiropractor," and inserting in place thereof the words: unless said titles, words or letters are accompanied by qualifying words or phrases, in such a manner or under such circumstances as to indicate that he is engaged in the practice of chiropractic.

Note: Present law prevents use of doctor of chiropractic, "D.C."

Oppose. The original law is the way the chiropractors wanted it in the first place. This bill would open it up to all sorts of variations.

DRUGS

H 76 - Amending the drug addiction legislation. **Support.**

S 380 - Establishing a drug and pharmaceutical committee in the Department of Public Health.

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Oppose as unnecessary. It is being done on Federal level.

H 424 - Providing for the use of generic names for prescription drugs. **Oppose.**

H 425 - Providing that when a drug is prescribed by brand name its generic or chemical name shall be included in the prescription. - **Oppose.**

H 740 - Resolve providing for an investigation and study by a special commission relative to the formula used in pricing prescription medicine and the feasibility of requiring all prescriptions issued by doctors to contain the generic name of the medicine prescribed.

Support. The Committee feels that a special, impartial commission composed of experts in the field should be created to study in depth the whole problem of generic prescribing to determine the problems involved, to determine what is required in the best interest of the patient and the physician. It is also recommended that all bills re. the generic vs. brand name prescribing controversy be referred to a study commission for an honest objective study of the problem.

H 3120 - Re. pharmacist dispensing a drug which is the chemical or biological equivalent thereof. - **Oppose.**

H 2389 - Providing for the use of generic drugs for prescription drugs when recommended by prescribing physician. - **Oppose** as unnecessary.

H 3124 - Providing for the use of generic names for prescription drugs. - **Oppose.**

H 3561 - Requiring the name of a prescribed drug to appear on the label of each container of such drug unless the prescriber expressly requires that the name of the drug be omitted from the label. - **Oppose** as unnecessary.

H 4028 - Requiring that all prescriptions by physicians be numbered and a record kept for whom a prescription was issued. - **Oppose** as unnecessary.

HOSPITALS

H 697 - Records kept by hospitals

In essence, this proposal reduces the period a patient record kept by licensed hospitals, dispensaries, etc., may be destroyed to 30 years (instead of the present 55) "after the discharge or the final treatment therein of the patient to whom it relates." - **Favor.**

H 1116 - Providing that there will be a doctor in attendance at all times in all hospitals. - **Oppose** as unpractical and unnecessary as all hospitals are covered.

H 1614 - To repeal the law regarding confidential information concerning births. - **Favor.**

LEGAL

H 1229 - Relating to immunity from liability of certain members of professional societies or appointed members of a committee of a medical staff of certain hospitals. - **Support.**

H 1108 - To regulate research in institutions of the Commonwealth and to protect the general welfare and right of privacy of patients therein. **Support.**

H 1244 - Providing for an investigation and study relative to the feasibility of repealing the law relative to immunity from liability of charitable corporations for their torts. - **Support.**

H 1319 - To increase the fees of the medical examiner and associate medical examiner of Suffolk County. **Support.**

S 87 - To provide a specifically designated registered hospital medical officer to execute death certificates. **Oppose** as unnecessary.

H 586 - Relative to the authority of medical examiners in making autopsies and establishing a maximum fee

for the services of certain experts. Existing law allows "medical examiner" *on his own authority may* and, if he be so requested by the district attorney or the attorney general, shall, make or cause to be made in his presence, an autopsy . . .

This bill removes the *italicized* above. - **Oppose.**

H 2391 - Relating to records of treatment in clinics and hospitals. Requires hospitals to keep nurses' notes. - **Oppose.**

H 3373 - Relative to the furnishing of a medical report by a physician to the attorney of the patient. - **Oppose.**

NURSING

H 1316 - Providing a state subsidy for hospital schools of nursing.

The bill reads:

Section 1. The Commonwealth shall annually reimburse hospitals who operate schools of nursing one-half of the annual net cost of operation or $600 per full-time student (who is a resident of the Commonwealth) whichever is the lesser amount. **Favor.**

PUBLIC HEALTH

H 156 - An act relating to admission of crippled children from other jurisdictions. - **Support.**

H 157 - An act relating to the admission of children with "seizures" to the Massachusetts Hospital School. **Support.**

H 169 - An act classifying a drug as a harmful drug in cases of emergency. - **Support.**

H 496 - Requiring certain hearing tests for pre-school children. - **Oppose** as written.

H 596 - Authorizing the Department

H 745 - of Public Health to establish Glaucoma Clinics throughout the Commonwealth. - **Oppose** as impractical.

H 930 - Providing that the State Department of Public Health furnish insulin and such other drugs for the treatment of certain diabetic patients. - **Oppose** as unnecessary.

S 481 - Establishing the Berkshire County Health Council. - **Oppose** as unnecessary in light of Comprehensive Health Planning.

S 940 - Establishing in the Department of Public Health a Massachusetts Poison Information Center. **Support** in principle.

H 2603 - To return to the fluoridation status quo. - **Oppose.**

SAFETY

H 1985 - To establish a medical advisory board and to require reports on certain persons to be made to the Commissioner of Public Health. **Favor** the section of the bill estab-

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lishing a Medical Advisory Board. **Oppose** the following section:

Section 12D. Any physician or surgeon who knows or has reason to believe that any person is afflicted with a physical or mental condition *which may tend to impair his ability to operate* motor vehicles *shall report forthwith* the name and address of such person together with a description of such physical or mental condition to the Commissioner of Public Health who in turn shall report the same to the Registrar of Motor Vehicles. All such reports shall be for the exclusive use and information of the Commissioner of Public Health and the Registrar of Motor Vehicles and shall not be admissable in any criminal or civil proceedings, *except* a proceeding before the Registrar of Motor Vehicles or persons designated by him under the provisions of section twenty-nine of chapter ninety, held for the purpose of determining the capability of the persons so reported safely to operate motor vehicles.

S 766 - An act requiring medical reports on certain persons to be made to the Registrar of Motor Vehicles. **Oppose.**

H 553 - Providing for a report to the Registrar of Motor Vehicles of result of examination establishing blindness. Counsel to check to determine whether the purpose of bill could be effected by authorizing Division of the Blind to report names to Registrar.

S 644 - Lowering the prima facie level of presumption of operating under the influence of intoxicating liquor

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of ten one hundredths of the percentage, by weight, of alcohol in the defendant's blood. - **Support.**

In essence:

.05 or less, there shall be a presumption that defendant was not under the influence. (No change)

.05 to but less than .10, no presumption. (Reduced from .15 to .10.)

.10 plus, presumption that defendant was under the influence.

S 645 - Requiring analysis of blood samples in cases of motor vehicle fatalities. - **Support.**

MENTAL HEALTH

H 523 - To provide a defense of the disease of alcoholism to a criminal charge of public drunkeness or of being a common drunkard and to provide a program of treatment and rehabilitation for alcoholics. - **Oppose.**

H 113 - An act further defining the duties and powers of the Community Mental Health and Retardation Area Board. - **Support.**

H 114 - An act repealing the provisions of law relating to the discharge of an unrecovered mentally ill person. - **Support.**

H 120 - An act authorizing the Department of Mental Health to enter into contracts and leases with private corporations, licensed hospitals, or government agencies for the purpose of operating community mental health services. - **Support.**

H 430 - Prohibiting admittance, transfer and commitment of certain dangerous persons to the Boston State Hospital. - **Oppose.**

H 259 - To establish the position of

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chief psychological consultant to the Youth Service Board. - **Approve.**

H 3579 - Establishing a Board of Registration of Psychologists. - **Oppose** as written, especially re. the definition of the practice of psychology, which in this bill includes psychiatric (medical) services.

WELFARE

There are innumerable bills filed relative to Medicaid. It is anticipated that one will eventually emerge that can be studied and acted upon.

Counsel was advised to oppose H 1779 which allows chiropractic services under Medicaid. The federal law is such that "providers of services" under Medicaid does not exclude chiropractors, and the decision is up to the states. Massachusetts has included chiropractic services.

Chiropractors are not included in Medicare.

Chiropractic attempts to be included in Medicare recently received a set-back when HEW Secretary Cohen presented a *Report on Independent Practitioners Study* (requested by the 90th Congress), which recommended that chiropractic services not be covered in the Medicare program.

(". . . . . The scope and quality of chiropractic education do not prepare the practitioner to make an adequate diagnosis and provide appropriate treatment.")

MISCELLANEOUS

S 162 - Prohibiting the issuance of M.D. license plates to any physician who is not the holder of a degree of doctor of medicine. - **Support.**

H 2378 - To provide compensation to medical consultants in state service. **Support.**

H 2843 - Providing that a physician be available at all times in certain cities and towns for the treatment of emergency cases. - **Oppose.**

NATIONAL LEGISLATION

National legislation of concern to the profession are the proposed amendments to Medicare that would remove deductibles and co-insurance; permit women to qualify at 62; place radiologists, pathologists, anesthesiologists and physiatrists under Part A as hospital services; permit direct referral to extended care facilities from hospital outpatient clinics; authorize payment for one annual physical examination; payment for generic drugs under Part B and eye and dental care under it also. It is proposed that there be fee schedules for various areas and those on a reasonable allowance and to represent full payment.

Also of concern is the reintroduction of Preventicare for those over 50.

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Eleventh Hampden District (Wards 4, 5, and 7 Holyoke) EMMETT J. CAULEY, (D)

Twelfth Hampden District (Wards 1, 2, 3 and 5 Westfield) ROBERT J. McGINN, (D)

Thirteenth Hampden District (Ward 8 Spfld. and Wilbraham) RUDY J. CHMURA, (D) and DAVE N. VIGNEAULT, (D)

Fourteenth Hampden District (Precincts 1, 2, 3, 4, 5, 6 and 7 West Springfield) JOHN F. COFFEY, (D)

Fifteenth Hampden District (Ward 4 Westfield, Blandford, Chester, Granville, Montgomery, Russell, Southwick, and Tolland) JAMES A. ADAMS, (R)

Sixteenth Hampden District (East Longmeadow and Precincts B, C and D Longmeadow) VERNON R. FARNSWORTH, JR., (R)

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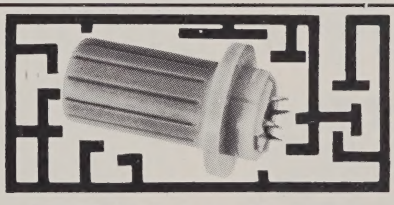

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IN MEMORIAM

HENRY D. DAVIDSON, M.D.
1881 – 1969

Dr. Henry D. Davidson of 32 Ridgewood Place, Springfield, died at The Springfield Hospital Medical Center on February 19, 1969.

Born on September 13, 1881, in Sherbrooke, Quebec, Canada, Dr. Davidson graduated from Bishops College, Lennox, Quebec, and received his doctorate in medicine from McGill University, Montreal, Quebec, in 1904. After completing an internship at the Rotunda Hospital, Dublin, Ireland, he came to Springfield in 1906 where he engaged in the practice of general medicine with emphasis on obstetricts and gynecology until his retirement in 1946 because of illness.

Dr. Davidson served on the medical staffs of the Mercy, Springfield, and Wesson Hospitals for many years. He was a member of the AMA, the MMS, and the HDMS; moreover, he was a veteran of World War I.

Deepest sympathy is hereby extended to his family, his many friends, and associates.

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will be held on

TUESDAY, APRIL 1, 1969

SPEAKER: Edwin O. Wheeler, M.D.
Cardiologist
Massachusetts General Hospital

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REFLECTIONS OF A PAST EDITOR

"Dialogue opens up that which is
not accessible by any other route."
Martin Buber

Part I of "Reflections" (*Hippocrat*, February, 1969) dealt with some of the frustrations of the beleaguered editor. "Why should anyone want that job?" The only rejoinder I could think of on the spot was the answer the late President Kennedy gave to a similar question. It should be recalled that he declined all of his presidential salary. "The hours may be long," he said, "but the pay is good."

THE EDUCATION OF AN EDITOR

We now turn to what hopefully promises to be a bit more cheerful, namely, the redeeming features of an editor's job. First, there is the satisfaction of participating in a team effort to serve our profession and through it the health of the public. Next, there is the educational side of it. The editor of a medical bulletin is bound to learn a few things, even without trying. In addition to scrutinizing every manuscript that reaches his desk, as his job requires, he has to keep posted on practically everything pertaining to organized medicine. Moreover, his work very often brings him in contact with medical leadership at all levels—local, state, and national. Most important of all, it brings him in closer contact with his own colleagues and fellow members. These contacts are as inspiring and stimulating as they are educational. Very impressive was the discovery of the tremendous wealth of literary talent in our own backyard. Some of the finest articles carried in the *Hippocrat* during the last 10-15 years were authored by members outside the Board of Editors. Perhaps, it was a guest editorial, a committee report, or a description of a personal hobby—no matter what, the job was always well done. Two examples are the recent excellent items by Dr. Field C. Leonard (*Hippocrat*, December, 1968) and Dr. Lester G. Suzor (*Hippocrat*, January, 1969).

Of special interest was one particular paragraph in Dr. Suzor's article because it epitomized so well a frequent criticism voiced by our members. The paragraph reads:

"The medical profession is now faced with defending itself on other people's terms. Remember that counter-punching never succeeds. In public relations initiative is everything. We must assess what needs to be done and devote the dedication of medical people to doing these things."

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Not only in public relations but in all other phases of health care we more often than not find ourselves dragging our feet or engaging in rearguard action. Washington somehow always acts faster than Chicago and even locally we realize, frequently too late, that political and lay interests have gained control of health programs that, for the good of the public, should be supervised by the medical profession. One example is the recently established Connecticut Valley Planning Council whose Board of Directors consists exclusively of laymen. Oh, yes, there will be a medical "advisory" committee, but this, as we all know, is sheer window dressing. Medical decisions and policy making will as usual remain firmly in the hands of the lay Board of Directors.

Most of our members, I've learned, are quite familiar with the anatomy and physiology of organized medicine. There are, however, some who still believe that the AMA does anything it pleases regardless of the will of its House of Delegates and that our Councilors are nothing but puppets and rubber stamps in the hands of 22 The Fenway. The *Hippocrat* has always tried to dispel these weird notions and has devoted much space to a description of the structure of organized medicine and the truly democratic principles on which it is based. Just how successful our effort has been is difficult to assess, but unquestionably much remains to be done in this direction both by the *Hippocrat* and the Society in general.

Someone once observed that editors learn a great deal on their job simply because they know so little to start with. This is unquestionably true in most cases. The average editor of a medical bulletin is an amateur of amateurs, at least at the beginning. His training hardly prepared him for a career in journalism. Lacking experience he gropes in the dark, he experiments along the old formula of trial and error and he reads other bulletins, probably also published by self-taught editors. Speaking of other society bulletins, there are no two alike. One features clinical papers and case reports; the next, stresses local medical history; while the third goes all the way with social and personal items, such as births, deaths, anniversaries, weddings, and even vacations. The chances are that bulletins are more common among the larger Societies, but this is pure conjecture. We know of a very small society (Cape Girardeau, Mo.) that counts a mere 56 members, yet publishes a bulletin about the size of the *Hippocrat*. Its circulation, incidentally, is 900.

"Why must we always attach our names to items submitted to the *Hippocrat*?" The Editor-in-Chief has no choice but to enforce a rule to this effect laid down by the Executive Committee a number of years ago. At first glance this rule seems unfair especially to those who have something on their minds but for one reason or another prefer to withhold their names. On reflection, however, we are forced to admit that this directive is wise and reasonable. It places the responsibility for each published item where it belongs, namely, on the author rather than on our Society. To further protect the Society, the *Hippocrat* carries in each of its issues the following statement: "The opinions expressed in the *Hippocrat* do not necessarily represent the official viewpoint of the HDMS."

THE VOICE OF THE GRASS-ROOTS

For some time now Hampden's leadership has been of the opinion that the *Hippocrat* has proved itself indispensable to the welfare and progress of the Society. To Dr. Bagg the *Hippocrat* has been serendipity personified. (It began, it should be recalled, during World War II with the modest purpose

of keeping our colleagues in the armed forces informed of what was happening back home.) The late Dr. Frederick Hagler, a past president of the MMS and one of the most honored and dedicated members of our generation, was of the opinion that the *Hippocrat* was one of the prime movers in Hampden's dynamic upsurge during the last two decades. His sudden death a few years ago, shortly after his election to the Board of Editors, is still mourned by the *Hippocrat.*

Earlier (Part I) it was observed that the *Hippocrat's* main purpose was to serve as news bulletin and sounding board for the Society. This is true, of course. What should be mentioned now, however, are some of the fringe benefits the bulletin offers: (1) it improves internal relations, so essential to the cultivation of good public relations; (2) it emphasizes and re-emphasizes the importance of medical ethics; (3) it chronicles for posterity all major Society events; (4) it constitutes a very important continuing endeavor on the part of the Society; and finally, (5) it keeps our parent organization informed on Hampden's ideas and activities. In this respect the local bulletin may well be regarded as the voice of the grass-routs. Our parent organizations remind us often enough how important our views are, our opinions and our endeavors. But our present-day inter-society communication leaves much to be desired. In a letter of May, 1967, Dr. Thomas Gephart, Secretary of the MMS, admitted that, "Headquarters in the past has not been informed of district activities—in fact, we are not even advised in advance of the dates of district society meetings." His letter was in response to a suggestion in the *Hippocrat* that the MMS establish a "clearing house" for all statewide activities.

WANTED: MORE BULLETINS

In view of the above it seems strange indeed that only about 11% of all district societies in the United States publish bulletins of their own. Why such a low percentage? To begin with, not all Societies are blessed with men like Dr. Edward P. Bagg and the late Dr. William A. R. Chapin, who shared the foresight and energy to found the *Hippocrat* back in 1942. Needless to say, however, that their effort never would have materialized without the support and approval of their fellow members. The rest is ancient history. The *Hippocrat* has, since its inception, managed to improve steadily its service to the Society. It has also managed for more than a quarter of a century to remain financially self-sufficient. This, as far as we know, is an unusual record in the annals of bulletin journalism. We know of no district bulletin that isn't subsidized, to some extent at least, by its parent Society. At the moment the *Hippocrat's* treasury still enjoys a modest surplus and is, therefore, in no immediate need of assistance or subsidy. However, should the necessity ever arise, I feel fairly certain that our Society in its wisdom will never let the *Hippocrat* down. It is extremely difficult now to imagine Hampden District without the benefits of a bulletin of its own.

Another reason for the paucity of district bulletins is the lack of reference and advisory material available for the publication of such bulletins. Any society interested in establishing a medical bulletin would in fact find no place to turn to for guidance or direction. In discussing some years ago this dilemma with the late Dr. W. W. Bauer of the AMA, he agreed that a great need existed for a pertinent bureau, or at least a brochure, on the subject. More recently the same matter was considered in an exchange of correspondence with Dr. Blasingame, then Executive Vice President of the AMA. In a letter dated May 1, 1968, he included the promise " . . . I shall see that your suggestions are care-

fully studied." (*Hippocrat*, June, 1968.)

The only published item dealing with medical bulletins to come to our attention was by Dr. Edward R. Pinckney, Editor of tht Napa County (Calif.) Medical Society (JAMA Oct. 6, 1956). After describing the functions and purposes of a Society bulletin Dr. Pinckney suggests:

"Distribution of this bulletin, not only to the members of the society and the auxiliary but also to members of the allied professions (e.g., pharmacists, detail men, community leaders, voluntary health workers, and advertisers), tends to promote much better public relations. The public is made to realize that the medical society is not a 'secret' society and that its findings and discussions are of such a nature that the medical profession is not ashamed to have them known."

This suggestion, I believe, is worthy of serious consideration. Needless to say that it will have to be acted upon not only by the *Hippocrat* but also by the Public Relations and the Executive Committees as well. Needless to say also that it will entail an additional expense that the *Hippocrat* can ill afford at the present time.

APOLOGIA

The above "Reflections" (Parts I and II) proved much more voluminous than they were initially intended to be. Part of the blame rests with our Editor-in-Chief, Dr. John Ayres, who discouraged me from abridging them in any way, shape, or manner. Perhaps he feels, as I do, that our membership is entitled to learn more about the inner workings of the *Hippocrat*. Perhaps he feels, as I do, that we should share our journalistic experience with other medical societies. Whatever the reason I made it clear to him that he may use the blue pencil and the scissors as freely as he sees fit. This, by the way, is what every editor likes to hear.

As time goes on we realize more and more that the ethical and socio-economic sides of medicine are no less important than are its clinical aspects. We realize also that technological, social and political changes are escalating at such a staggering rate as to make it increasingly difficult for us to adjust to these changes. The only remedy is communication and more communication. Our present main media of communication, as exemplified by national and state journals, meetings, conventions, etc., have rendered invaluable and indispensable service to organized medicine. Properly utilized the District bulletin offers yet another instrument of meaningful communication not only within our own Society but with our parent organizations as well.

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MMS COUNCIL MEETING HIGHLIGHTS

The stated meeting of the Council of the MMS was held in Boston on February 12, 1969. Representing the Hampden District were the following Councilors: Malcolm S. Allan, John C. Ayres, Maurice J. Boivin, Elmer F. Franseen, Donald R. Hayes, Allen S. Johnson, Joseph R. Kelly, Leroy J. Kendrew, Robert N. LaMarche, Frank G. Mills, and Howard N. Simpson. The meeting was called to order by the President, Dr. John W. Norcross, at 10:25 A.M.

The minutes of the last meeting having been accepted as written, Dr. Norcross then named replacements to certain committees with Hampden's H. Bernard Tillman being appointed to the Members' Insurance Programs.

The Committee on Bylaws and Council Rules made some recommendations relative to clarifying the legal timing of the election of Councilors "in addition" to the established quota. It was voted that such Councilors may be elected at any district society meeting and would become effective immediately. Dr. Holland's proposed amendments to the Bylaws restricting district society membership exclusively on the basis of legal residence or place of practice were defeated.

The Committee on Finance presented a budget for 1969 amounting to $336,608 with an anticipated deficit of roughly $64,000. Although there has been an inevitable increase in certain expenses, the major reason for the deficit is the decrease in profits as received from the *New England Journal of Medicine,* which is experiencing an increase in costs and diminshed returns from advertising. The Committee made no recommendations at this time for increasing dues to make up the deficit; rather, capital from reserve funds will be used for this purpose. Since the Committee is strongly in favor of "pay-as-you-go" financing, an increase in dues in the very near future must be anticipated. The proposed budget was approved by the Council.

The reports of the Committee on Society Headquarters, the Medical Charges Review Committee, the Committee on Member's Insurance Programs, and the Committee on Public Health, were received as informational. Of interest in the report of the Medical Charges Review Committee is the appraisal to the Council of this committee's inability to deal effectively with certain types of "overcharging" which reflect "overutilization" rather than inflation of charges. Investigation of such complaints usually involves clinical investigations and judgements which are not in the province of this committee and for which no properly constituted body exists.

The Committee on National and State Legislation presented a comprehensive report on various pieces of proposed legislation currently before the General Court of Mass. as well as the Committee's position in regard thereto (see pages The Council voted to receive the report and specifically voted to oppose as a body all bills pertaining to chiropractics and a bill establishing a Board of Registration of Psychologists, which as currently written intrudes into the practice of psychiatry.

The Committee to Evaluate the Postgraduate Medical Institute rendered a most comprehensive report on the PMI with pertinent recommendations relative to more and better coordination, cooperation, and communication between the Society

—through the Executive Committee of the Council and the Committee on Medical Education—and the directorate and staff of the PMI. Inasmuch as one of the recommendations pertained to "adequate financial support of the PMI by the Society," the Committee on Finance upon appeal of PMI's President, Dr. Robert McCombs, made a recommendation that the Council approve an interest-free loan up to $60,000 for an indefinite period of time to serve as an operating capital reserve for the PMI to be used against accounts receivable. This recommendation was approved by the Council with the Committee on Finance being authorized to arrange for same.

The Committee on Long Range Planning made four recommendations which were approved by the Council. One was that the Committee refer reports and recommendations to appropriate standing or special committees for their consideration and report directly to the Council on specific assignments. Another was that, if a bylaw recommendation were made to the effect that the Council be made the legislative and policy making body of the Society, then a method for initiating referenda by the fellows be established simultaneously. Another recommendation was to establish a special committee to consider the duties of the Sections, their relation to specialty organizations, and the relation of both groups to the Council. Finally, a special committee was recommended to consider the development of new society headquarters.

The Committee on Prevailing Fees presented a scheme whereby a codified schedule of prevailing fees in Mass. would be established utilizing certain symbols instead of "dollar

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signs" for the value of fees for each procedure. Secondly, these symbols would be defined to mean the statewide range of fees listed in the Blue Shield computer files as the 8th to the 92nd percentile of the range of fees reported on a specific date. Finally, should there be a variation from this basic range, as periodically determined by the Committee, then the main schedule would be amended by a percentage figure. Such a schedule would reflect the prevailing situation as to usual, customary, and reasonable fees in Mass. After considerable discussion, the Council voted to return this scheme back to the Committe for consideration with various Blue Shield committees as to practicability and feasability thereof. The Committee was instructed to report back to the Council thereafter.

At the suggestion of the Blue Shield Liaison Committee, the staff of Blue Shield was present to answer various questions pertaining to definition of usual and customary fees; procedures in updating individual profiles on fees; controls guaranteeing that published policy is indeed effected; conditions of payment for concomitant medical care, consultations, and benefits for prolonged detention in the case of severe medical illness; and the effectiveness of the aforesaid in contributing to predictable expenditures for physician services and a stable premium structure. Apparently pre-existing publications of and written material presented to each Councilor prior to the meeting by the Blue Shield contained most of the answers because most of the questions posed obviously manifested dissatisfaction with the formula of a maximum state limit of reimbursement for physicians' charges based on the mean plus one standard deviation thereof. In other words, many felt that Blue Shield's usual and customary reimbursement fees were and are not reasonable. The Blue Shield staff on the other hand claimed that 85-87% of charges as billed by physicians were and are being paid by Blue Shield (less 5%, of course). The replies of Blue Shield to questions posed were then put to a vote of acceptance as an indication of confidence; the Council voted to accept same.

Resolutions that development and maintenance of organ transplant banks be encouraged and that all cardiopulmonary resuscitative procedure shall conform to the standard operating policy of the individual hospital as determined by its medical staff were adopted upon recommendation of the Committee on Medical Services. *The Joint Statement Concerning the Handling of Drugs by Professional Nurses* was referred back to the Committee because of concern about certain items of content. Inasmuch as the Executive Committee and the Councilors had not sufficient time to digest the Committee's supplemental report, a minority report, and Dr. Pilcher's resolution pertaining to payment for aftercare of surgical patients by referring physicians in non-teaching community hospitals; the matter was referred back to the Executive Committee.

Although informational, it is to be noted from the report of the Committee on Physicians' Payments under Medicare that CMPA is to be phased out as of February 1, 1969.

Under new business Middlesex West District submitted a resolution to the effect that MMS take action against state clinic licensing laws and regulations being made applicable to physician partnerships and group practices. This is to be referred to an appropriate committee.

There being no further business, the meeting was adjourned at 4:35 P.M.

Ayres

HDMS FEBRUARY FOURTH MEETING HIGHLIGHTS

The February meeting of the HDMS was held at the Stagecoach Barn of Storrowton, West Springfield, with President Barnes calling the meeting to order at 6:50 P.M. Attendance: 127 (16 attending without reservations); reservations: 136 (25 reneging on reservations).

The minutes of the meeting held on December 3, 1968, were accepted as read by the Secretary.

Under old business, Dr. Barnes urged that the Society's members become more involved in local "Model Cities" programs. Moreover, he announced his intent to establish a strong committee on regional health planning which would include physicians from all the hospitals in the District.

Under new business, a motion was made and seconded to the effect that since emergency services in almost all hospitals were well staffed and readily available, then the Society's Emergency Medical Service and roster should be abolished. Inasmuch as this was new business, the matter was referred in accordance with the Society's bylaws to the Executive Committee for consideration and report.

The meeting was thereupon recessed at 7:15 P.M. for the social hour and collation. During the recess, the HDMS Councilors to the MMS met and elected Dr. Bernard Bloom as an Alternate to the Executive Councilor thereby replacing Dr. Walter J. J. Nero, who had recently resigned.

The meeting was reconvened at 8:40 P.M. with Dr. Robert A. Sears giving a progress report on the Health Fair 69'.

After an appropriate welcome and introduction, Dr. John W. Norcross, President of the MMS, gave an informative talk on various matters gravely concerning the leadership and Fellows of the MMS. Speaking on Medicare, Dr. Norcross pointed out that legislation is being proposed to remove deductibles and coinsurance, to lower the eligibility of women to

Our Leaders-L. to R.: Wayne C. Barnes, Pres. of HDMS; Bruce B. Stoler, Sec. of HDMS; John W. Norcross, Pres. of MMS.

62 years of age, to place renumeration of radiologist, pathologists, etc. under Part A (hospital services), and to pay physicians a reasonable allowance rather than reasonable charges —in other words, a fee schedule.

In matters pertaining to Medicaid, Dr. Norcross spoke briefly on the fiasco of Senator Beryl Cohen's committee report alleging abuses by physicians. It seems that no specific documentations could or can be passed on to the MMS for disciplinary action; moreover, the report seems to be in such disrepute that many committee members are refusing to sign same. Dr. Norcross then explained his position on Medicaid as made at a recent hearing in Boston before representatives of the U.S. Dept. of Health, Education, and Welfare. He recommended that the administration of

Medicaid be taken out of welfare and placed in public health, that eligibility criteria be revised so as to "pull in the horses," that income levels for client eligibility be determined on an annual basis rather than monthly, that eligibility be verified, that physicians be paid as usual and customary fees with provisions for regular up-dating, that Blue Shield be utilized as the fiscal intermediary, and that the MMS would assist by establishing professional review of services. The MMS is still trying to set up some sort of meeting with the Commissioner of Administration and Finance (a recent new appointee) with an eye to establishing a more equitable system for reimbursing physicians than the current fee schedule.

Dr. Norcross concluded his presentation by mentioning some interesting statistics as yielded by the recent questionnaires returned by the Fellows of the MMS and as solicited by the Committee on Long Range Planning. There were some 2,900 questionnaires returned from throughout the State or by 35% of the membership; Hampden District's response was also 35%. 90% of the respondents reported good attendance at district society meetings. 25% of the respondents had served on the State society's committees and 65% on District committees. Only 18% of Hampdenite respondents have served on State level committees; moreover, only 50% of Hampden's Councilors returned the questionnaire in comparison 73% statewide. Additional revealing statistics were presented; however, it must be kept in mind that this may very well be a biased sample and not necessarily a truly representative cross-section of the Fellows and their sentiments.

At the conclusion of this talk and since there was no further business, the meeting was adjourned at 9:25 P.M.

Ayres

MARK YOUR CALENDAR NOW!

HDMS ANNUAL MEETING, APRIL 22

HDMS EXECUTIVE COMMITTEE MEETING, APRIL 15 AND MAY 13

MMS COUNCIL MEETING, BOSTON, MAY 21

MMS ANNUAL MEETING, BOSTON, MAY 27-29

AMA THIRD NATIONAL CONGRESS ON THE SOCIO-ECONOMICS OF HEALTH CARE, CHICAGO, MARCH 28-29

AMERICAN ACADEMY OF PEDIATRICS, BOSTON, APRIL 21-23

AMERICAN SOCIETY OF INTERNAL MEDICINE, CHICAGO, APRIL 18-20

AMERICAN COLLEGE OF PHYSICIANS, CHICAGO, APRIL 20-25

AMA ANNUAL MEETING, NEW YORK, JULY 13-17

FEBRUARY EXECUTIVE COMMITTEE MEETING HIGHLIGHTS

The Executive Committee meeting was held on February 18th in the Conference Room of the HDMS. President Barnes called the meeting to order at 8:10 P.M. Present were: Drs. Barnes, Stoler, Boivin, Beauchamp, Jr., Mozden, Anton, Hough and Mrs. Purdy.

The minutes of the January meeting were read by Dr. Stoler and approved by the Committee.

COMMUNICATIONS

A letter from Dr. Stevens to Dr. Barnes about the Western Massachusetts Hospital was read. Dr. Barnes suggested that this be taken up later.

Dr. Gephart sent in a request with blanks to be filled out reporting the types and number of grievances processed by the district medical societies. These will be filled out by Dr. Stoler and returned to the MMS.

A letter of resignation from Dr. Hayes as an Associate Editor of *The Hampden Hippocrat* was accepted with regret.

NEW BUSINESS

The MMS sent a kit to Hampden District asking for help in increasing the AMA membership so as to regain a Mass. delegate recently lost in the House of Delegates. Dr. Barnes appointed Dr. Beauchamp, Jr., Dr. Mozden, Dr. Hough and himself to gain our quota of 25 additional members for the AMA.

The HDMS Woman's Auxiliary is having a Health Careers poster contest. Dr. Barnes asked that this be tabled for one month to get more information from the Woman's Auxiliary.

Dr. Barnes recommended to the Committee that a special committee be formed for interhospital and community health planning. He suggested that the Vice President of each hospital's staff be appointed to serve on such a committee. The Committee voted that such an interhospital medical advisory committee be established with a representative from each hospital in the District for the purpose of gathering information on all matters pertaining to community health planning. This committee would report directly to the Executive Committee of HDMS with the Chairman being the President-Elect of the HDMS.

Mrs. Purdy gave the office report. The progress of the *Health Fair '69* is favorable. There are presently 90 confirmed exhibit reservations. Positions for exhibits are being worked out by Dr. Sears, Dr. Stevens and Mr. Turnbull. Some funds have come in to support the health fair.

The Executive Committee was adjourned at 9:45 P.M.

The Grievance Committee met and heard four cases. Letters will be written to physicians and patients involved.

The meeting was adjourned at 10:45 P.M.

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HAMPDEN CAPSULES

SPEAKING

Dr. John Turner spoke at Longmeadow High School and Minnechaug Regional High School on smoking.

Dr. Kendrew was on radio WACE "FOR YOUR INFORMATION" on drug abuse.

Dr. Zadworny spoke to the Firefighters' Wives on "Parent to Child about Sex."

Dr. Pacosa spoke to the Talmadge School on "Parent to Child about Sex."

Dr. Zadworny spoke also to the B'nai B'rith on venereal diseases with the movie "The Innocent Party."

The two venereal disease movies were borrowed by the Springfield Hospital and Springfield College.

Dr. John E. McHugh spoke to the Holyoke Hospital School of Nursing Alumnae. His subject was "Research and the Heart Association's Role."

Dr. Gerstein hosted a program at Springfield Hospital Medical Center —"The Management of Renal Failure Patients."

Dr. Whiting spoke on "The Health Hazards of Smoking" at the Minnechaug High School and at B'nai Jacob of Springfield.

Drs. M. B. Shayevitz and O'Malley spoke to the Mt. Tom Ski Patrol on cariopulmonary resuscitation.

HOT FLASHES

Dr. and Mrs. Kinsella sought political office in West Springfield in the February elections and both won.

The Joint Civic Agencies of Greater Springfield saluted the HDMS on March 5th at their monthly breakfast. Dr. Sears was at the head table and received the salute. Many other members of the Steering Committee attended the event. Here's to a successful *Health Fair '69—Your Health, Your Responsibility.*

The drug abuse program is progressing well with all participating physicians doing their part. Dr. Collard spoke at Belchertown High, Ware High and Palmer High Schools. Dr. Hough spoke before two assemblies at Technical High School, and Dr. Lavin spoke at Longmeadow High School.

As of this writing there are 90 confirmed exhibits for Health Fair '69.

Dr. Pallo saw a request for help in the November *Newsletter* of MMS in translating a flyer on phenylketonuria into Polish for the benefit of non-English speaking mothers who are taking their recently delivered babies from the hospital. He enlisted the assistance of two friends in the Western Massachusetts Hospital who made a translation into Polish using the Polish alphabet with its various accents and symbols.

Dr. McEwen is active in the Springfield College's current capital campaign and had his picture taken recently with Art Linkletter, well known radio and T.V. personality.

Ernest A. Byron

* * * * * *

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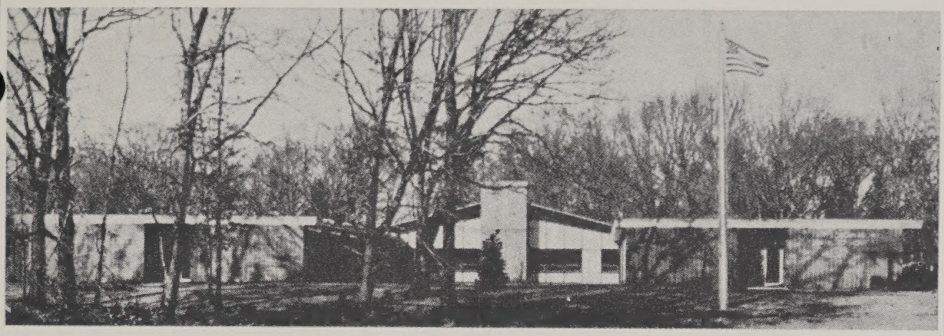

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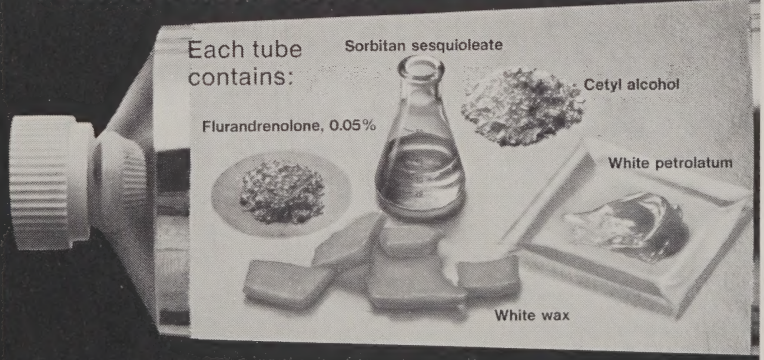

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